

Division of Health Service Regulation


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/23/2015
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PHOENIX ASSISTED CARE

**201 WEST HIGH STREET
CARY, NC 27513**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Biennial Survey by Billy S. Bryant and Dennis Harrell conducted on 09/23/2015. Records indicate this facility was first licensed or submitted for licensure on 08/01/1988. The facility is currently licensed for 120 Beds including a 36 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1978 (Revision 9) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1987 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;	C 160		
	This Rule is not met as evidenced by: I. Based on observation the grounds are not being maintained in a safe manner. This could effect those coming to the facility to render emergency services. A. Finding on 09/25/2015: 1. Exterior - There are areas of the parking lot where the subgrade has failed and the concrete paving is badly deteriorated such that it may not support heavy vehicles such as a fire fighting apparatus.			estimates will be obtained in order to make necessary repairs to the parking lot 11/19/15

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Donna E. Horta

Administrator

STATE FORM

0006

JQA821

If continuation sheet 1 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/23/2015
---	---	--	--

NAME OF PROVIDER OR SUPPLIER PHOENIX ASSISTED CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST HIGH STREET CARY, NC 27513
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>I. Based on observation the facility is not being maintained free from hazards. Doors are required to completely close and latch in order to resist the passage of smoke in the event of a fire. All the occupants in the facility could be effected if doors do not latch and remain shut when closed so as to limit the spread of smoke to the area of origin.</p> <p>A. Findings on 09/23/2015:</p> <p>1. Room #10 - The doors to the corridor did not latch to remain closed when pulled to.</p> <p>2. Room #16 - The doors to the corridor did not latch to remain closed when pulled to.</p>	C 166	<p>All doors to the corridors will be repaired to latch when pulled closed</p>	11/9/15
	<p>3. Living room - The doors to the corridor did not latch to remain closed when pulled to.</p> <p>II. There are oxygen bottles stored in the room without any restraining device or other means to prevent them from falling or being knocked over or are stored in improper crates. Oxygen bottles that are not stored in an oxygen bottle rack or otherwise restrained from falling or being knocked over may present a danger to the occupants of the facility.</p>			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/23/2015
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PHOENIX ASSISTED CARE

**201 WEST HIGH STREET
CARY, NC 27513**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 166	Continued From page 2 A. Findings on 09/23/2015: 1. Med Room - There oxygen bottles stored in upright position and unrestrained. 2. RCC Office - There oxygen bottles stored in a soda storage crate. 3. Room # 23 - There oxygen bottles stored in a soda storage crate. II. Based on observation the facility was maintained free from hazards due to door hardware along residents' path of travel that is missing components. This could effect the residents who use the path of travel. A. Finding on 09/25/2015: 1. Cross Corridor Doors - The push bar panic hardware end caps were missing leaving sharp metal edges exposed on the push bar.	C 166	<i>Oxygen bottles are now stored in appropriate bottle rack</i>	<i>9/25/15</i>
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: I. Based on observation there is a failure to maintain fire safety systems in the facility in a safe condition. Fire resistant rated ceilings must	C 189	<i>Cross corridor door end caps have been repaired</i>	<i>9/25/15</i>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/23/2015
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PHOENIX ASSISTED CARE

**201 WEST HIGH STREET
CARY, NC 27513**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 3 be free from openings and penetrations in order to resist the spread of fire and smoke in the event of a fire. Penetrations or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin. A. Findings on 09/23/2015: 1. There is a pattern of fire resistant rated construction with unsealed penetrations as evidenced but not limited to the specific examples cited below: a. Med Supply Room, Across from Dining Room - Open ended pipe sleeve through the fire resistant rated ceiling creating an opening into the attic space. b. Business Office - Open ended pipe sleeve through the fire resistant rated ceiling creating an opening into the attic space. II. Based on observation the facility is not successful in maintaining all fire safety systems, equipment and devices in a safe condition. Failure to maintain fire safety systems and equipment so they function as intended could hamper or delay evacuation of the facility and effect all occupants in the facility in the event of a fire.	C 189	<i>Fire resistant rated constructions will be repaired</i>	<i>11/9/15</i>
	A. Findings on 09/23/2015: 1. The wall mounted emergency light adjacent to room #9 and room #39 did not work when tested on battery power. 2. Special Care Unit - The manual override for the special locking system was not clearly identified and labeled.		<i>Emergency lights have been repaired</i> <i>manual override locking system has been labeled.</i>	<i>9-25-15</i> <i>9-25-15</i>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/23/2015
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PHOENIX ASSISTED CARE

**201 WEST HIGH STREET
CARY, NC 27513**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 4 3. Laundry - The delayed egress exit door did not give an audible signal when tested. 4. Kitchen area - There was no access panel to enable the duct smoke detector for the duct serving the kitchen area to be serviced and maintained. 5. Special Care unit - The staff persons responsible for evacuation did not have a key to operate the manual override for the magnetic lock for the fence gate in the courtyard. III. Based on observation electrical equipment in the facility was not maintained in a safe or operable. Electrical equipment that does not function or improperly installed effects the staff and residents. A. Findings on 09/25/2015: 1. Kitchen Storage Room - An electric fan was powered by an extension cord wired into the ceiling light fixture. 2. Laundry - The light fixtures did not work. 3. Special Care Unit - The light fixture in the janitor's closet was loose and suspended by its wiring. 4. Special Care Unit - Trash Room - The light fixture did not work.	C 189	<i>Exit door in laundry audible to be replaced</i> <i>Access panel to be added in kitchen area</i> <i>Key to operate manual override for the magnetic lock on fence will be accessible to staff 24/7</i> <i>extension cord was removed from storage room.</i> <i>Light fixtures replaced</i> <i>Light fixtures in SCU repaired</i> <i>Light bulbs replaced</i>	<i>11-9-15</i> <i>11-9-15</i> <i>11-9-15</i> <i>11/5/15</i> <i>9/25/15</i> <i>9/25/15</i> <i>9/25/15</i>